

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	11/14/99
O.L.P.E. CLASSIFIER	<i>[Signature]</i>	48	11/2/99
FORMALITY REVIEW	<i>[Signature]</i>	21628	12-8-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy